



TOWN OF MILLVILLE
36404 Club House Road, Millville, DE 19967
TEL (302) 539-0449 FAX (302) 539-0879
www.millville.delaware.gov

BUSINESS LICENSE APPLICATION

INSTRUCTIONS:

1. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website (See above web address) for complete information.
2. Submit a copy of your valid Delaware State Business License. All CONTRACTORS are required to submit poof of liability insurance, issued in the name of the business.
3. FEE SCHEDULE: Annual Business License \$100
☞ Annual License if purchased after Nov. 1st \$ 50
Mobile Food Vendor Full-Year License \$ 50
Temporary License (up to 30 consecutive days) \$ 25
Late Fee applied if business is invoiced and invoice is not paid by June 1st \$ 50
4. Business licenses run concurrent with the Town's fiscal year - May 1st thru April 30th. Renewal Invoices are **automatically** mailed out May 1st to the mailing address provided by the applicant and are by due June 1st
Check here if you would **NOT** like to renew your license after one year → ☐
5. Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
6. **Please send back and or contact us if you will not be renewing your business license for the fiscal year.**
7. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.**

BUSINESS NAME			
DBA (IF APPLICABLE)			
NATURE OF BUSINESS		# OF EMPLOYEES	
IF PARTNERSHIP OR CORPORATION: NAMES, ADDRESSES & PHONES OF INDIVIDUALS OR PRINCIPAL OFFICERS			
MAILING ADDRESS			
PHYSICAL LOCATION OF BUSINESS			
CONTACT PERSON		TITLE	
BUSINESS PHONE		FAX	
CELL PHONE		EMAIL	

I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.

Applicant's Signature: _____ Date: _____

TOWN OFFICIAL USE ONLY

I - _____ L - _____

Amount: \$ _____ Check #: _____ Date: _____

Town Official Approval: _____ Date: _____